Foster Family Home - Corrective Action Report

Provider ID: 1-180049

Home Name: Venus Nino, CNA Review ID: 1-180049-5

94-1067 Kahuamoku Street Reviewer: Jackie Chamberlain

Waipahu HI 96797 Begin Date: 7/1/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

3 Person Staffing Requirements (3P) Staff

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working

more than 3 hours in the home even if you only have one client.

Comment:

(3P)(b)(4) Staff No proof of 3 bed SCG approval CG 3 and 4

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) unable to locate r client 1 2 or 3

There is no MD orders at all for client # 1

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency

situations that may affect the client, such as but not limited to:

Comment:

50.(a) internal emergency management policies has not been signed by caregiver # 2

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Foster Family H	lome Records	[11-800-54]
54.(c)(5)	Medication schedule checklist;	
54.(c)(7)	Expenditure records; and	
54.(c)(8)	Personal inventory.	
Comment:		
54.(c)(7) Client # 1 2 and 3 No signed Personal allowance log documentation 54.(c)(8) Client # 1 2 and 3 No signed client belonging record documentation		
54.(c)(2) Service plan for client # 2 has for there is no MD order		

54.(c5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

client # 3 the copy of MAR is illegible and no July MAR available

Compliance Manager

Primary Care Giver

Date Date

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